

MDR Tracking Number: M5-04-2955-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on May 10, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Oxycontin 20 mg was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for date of service 12-30-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of July 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

July 8, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:

TWCC #:

MDR Tracking #:

IRO #:

M5-04-2955-01

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Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Osteopathy board certified in and specialized in Anesthesiology. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient was injured on ____ when he slipped and fell onto his right side, causing immediate pain in his left knee. He initially underwent an MRI that showed no pathology, followed by arthroscopic surgery by Dr. J on 06/19/02 for partial medial and lateral meniscectomies.

Following surgery, the patient's knee pain continued unchanged, leading to an extensive amount of chiropractic PT, medication trials and even Synvisc injections. Unfortunately those additional treatments provided the patient no relief. He eventually underwent left total knee replacement on 07/22/03 by Dr. J, complicated by post-operative muscle contraction that required manipulation under anesthesia.

The patient was then referred to Dr. N who provided him with prescriptions for Oxycontin 20 mg BID. Progress notes from Dr. N and chiropractor Dr. D subsequent to that prescription, however, indicate ongoing pain and no significant clinical improvement with the use of Oxycontin. In fact, in a letter dated 03/09/04 Dr. N indicated that the patient was seen on 01/15/04 and changed from Oxycontin to Vicodin-ES three times daily. Dr. N's progress notes of 12/04/03 and 11/25/03 both clearly document ongoing pain despite the use of Oxycontin.

DISPUTED SERVICES

Under dispute is the medical necessity of Oxycontin 20 mg.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Based on the entirety of the medical records reviewed, specifically including the progress notes of chiropractor Dr. D and Dr. N in and around the time period during which the patient was being prescribed Oxycontin, it is abundantly clear that this medication did not provide the patient with

significant or sufficient pain relief to justify its continued use. The Texas State Board of Medical Examiners guidelines regarding the use of opiates for management of chronic pain clearly indicate that the use of such medication is justified if there is clear documentation of clinical benefit and functional improvement through the use of opiates.

In this case, there is clear documentation that the patient did not have significant pain relief, and certainly had no functional improvement while he was being prescribed Oxycontin. Therefore, Oxycontin was not medically necessary or reasonable for the date of service in dispute, 12/30/03.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,